

The Town Of Selbyville



Founded 1778

APPLICATION FOR CONDITIONAL USE

Date of Application _____ Date of Review _____
Council _____

Planning _____

Name of Applicant _____
Street Address _____ P.O. Box _____
City/Town/State _____ Zip Code _____
Telephone # Home _____ Office _____ Other _____

Conditional Use Requested: _____

Present Zoning of Property: _____
Ownership of Property: Person(s) _____ Corporation _____
Name _____
Address _____
Telephone _____

(If same as above - mark SAME)

Map _____ Page _____ Parcel Number _____
(Submit 5 copies of Deed to Property)

Description of Neighborhood: _____

List of Neighbors, Businesses or Public Facilities that may be
affected by conditional use:

Describe the changes, additions and/or deletion you intend to make
on the property: _____

Submit 5 copies of the preliminary Site Plan to scale. Include:
Property Name or Project Name, North Marker, Entry, Exit, Setbacks,
Parking Areas, Lighting, Signs, Utilities, other pertinent
information.

Three (3) copies of this application must be submitted.